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CONFIRMATION NO. 7877

SERIAL NUMBER 10/609,155	FILING OR 371(c) DATE 06/26/2003 RULE	CLASS 601	GROUP ART UNIT 3772	ATTORNEY DOCKET NO. #903
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APPLICANTS
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OK M.B.

**** CONTINUING DATA *******
 This appln claims benefit of 60/391,765 06/26/2002

**** FOREIGN APPLICATIONS *******
None M.B.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 09/16/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>M.B. Brown</i> Initials <i>M.B.</i>				

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TITLE
 Massage table for adjusting spinal area

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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